

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

ILLINOIS REPUBLICAN PARTY

ADDRESS (number and street) ▼

P.O. BOX 64897

☐ Check if different than previously reported. (ACC)

CHICAGO

IL

60664

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00005926

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

02

01

2015

02

28

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JUDY DIEKELMAN

Signature of Treasurer

JUDY DIEKELMAN

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

19

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ILLINOIS REPUBLICAN PARTY

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 02 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 02 / 28 / 2015

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2015 | | 46685.13 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 55873.30 | |
| (c) Total Receipts (from Line 19) | 57259.95 | 99542.65 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 113133.25 | 146227.78 |
| 7. Total Disbursements (from Line 31) | 52274.45 | 85368.98 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 60858.80 | 60858.80 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 172651.24 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ILLINOIS REPUBLICAN PARTY

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 02 01 2015

To:

 M M / D D / Y Y Y Y Y
 02 28 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

11000.00

46750.00

(ii) Unitemized

1760.00

8292.70

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

12760.00

55042.70

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

12760.00

55042.70

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

34.00

34.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

44465.95

44465.95

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

44465.95

44465.95

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

57259.95

99542.65

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

12794.00

55076.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 7418.61 | 12230.93 |
| (ii) Non-Federal Share..... | 8736.69 | 17291.97 |
| (b) Other Federal Operating Expenditures | 530.19 | 4499.69 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 16685.49 | 34022.59 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 2500.00 | 2500.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 2500.00 | 2500.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 33088.96 | 48846.39 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 33088.96 | 48846.39 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 52274.45 | 85368.98 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 43537.76 | 68077.01 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 12760.00 | 55042.70 |
| 34. Total Contribution Refunds (from Line 28(d)) | 2500.00 | 2500.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 10260.00 | 52542.70 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 7948.80 | 16730.62 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 34.00 | 34.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 7914.80 | 16696.62 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. RICHARD BARR

Mailing Address 425 HUEHL RD BUILDING #3

City State Zip Code
 NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
 COMMUNITY FINANCIAL SERVICE

Occupation
 PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 27 2015

Transaction ID : SA11AI.10737

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MARIJANA MOVER

Mailing Address 1809 COBBLEFIELD COURT

City State Zip Code
 CHAMPAIGN IL 61822-9223

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RETIRED

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 04 2015

Transaction ID : SA11AI.10757

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. SERGIO PECORI

Mailing Address 4517 TURTLE BAY

City State Zip Code
 SPRINGFIELD IL 62711-7891

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HANSON PROFESSIONAL SERVICES

Occupation
 PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 27 2015

Transaction ID : SA11AI.10751

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MR. STEPHEN L RITCHIE

Mailing Address 884 BLUFF ST

City

GLENCOE

State

IL

Zip Code

60022

FEC ID number of contributing
federal political committee.

C

Name of Employer

KIRKLAND & ELLIS LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : SA11AI.10745

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. JOSEPH VAN CURA

Mailing Address 51 THORNHILL COURT

City

BURR RIDGE

State

IL

Zip Code

60527-6446

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.10735

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5250.00

11000.00

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. MB FINANCIAL

Category/
Type

334.01

State: District:

B. SQUARE

Category/
Type

175.15

State: District:

C.

Category/
Type

State: District:

| Age Group | Percentage |
|-----------|------------|
| 18-24 | ~12% |
| 25-34 | ~18% |
| 35-44 | ~25% |
| 45-54 | ~32% |
| 55-64 | 509.16 |
| 65-74 | ~28% |
| 75-84 | ~15% |
| 85+ | ~8% |

509.16

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 27

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. INTERNATIONAL FRANCHISE ASSOCIATION

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 27 | | 2015 |

Mailing Address 1900 K ST NW
Suite 700

City Washington State DC Zip Code 20006

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type**Transaction ID : SB28A.10816**

Amount of Each Disbursement this Period

2500.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 27

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ADVANTAGE PAYROLL SERVICES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 13 | | 2015 |

Mailing Address 1000 EAST WARRENVILLE RD
#200

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement
PAYROLL TAXES & FEES

Candidate Name

Category/
Type**Transaction ID : SB30B.10783**

Amount of Each Disbursement this Period

7068.72

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. ADVANTAGE PAYROLL SERVICES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 27 | | 2015 |

Mailing Address 1000 EAST WARRENVILLE RD
#200

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement
PAYROLL TAXES & FEES

Candidate Name

Category/
Type**Transaction ID : SB30B.10811**

Amount of Each Disbursement this Period

4088.99

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. NICHOLAS KLITZING

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 13 | | 2015 |

Mailing Address 2 W OLD STATE CAPITOL PLAZA

City SPRINGFIELD State IL Zip Code 62701

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB30B.10792**

Amount of Each Disbursement this Period

2409.10

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13566.81

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 27

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. NICHOLAS KLITZING

Mailing Address 2 W OLD STATE CAPITOL PLAZA

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| SPRINGFIELD | IL | 62701 |

Purpose of Disbursement
PAYROLL

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 13 | / | 2015 |

Transaction ID : SB30B.10794

Amount of Each Disbursement this Period

| |
|---------|
| 2629.24 |
|---------|

Full Name (Last, First, Middle Initial)

B. NICHOLAS KLITZING

Mailing Address 2 W OLD STATE CAPITOL PLAZA

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| SPRINGFIELD | IL | 62701 |

Purpose of Disbursement
PAYROLL

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 27 | / | 2015 |

Transaction ID : SB30B.10820

Amount of Each Disbursement this Period

| |
|---------|
| 2629.24 |
|---------|

Full Name (Last, First, Middle Initial)

C. JAMES SCHULTZMailing Address 55 W MONROE
STE 940

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| CHICAGO | IL | 60603 |

Purpose of Disbursement
PAYROLL

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 13 | / | 2015 |

Transaction ID : SB30B.10788

Amount of Each Disbursement this Period

| |
|---------|
| 1281.57 |
|---------|

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 6540.05 |
|---------|

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 27

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. JAMES SCHULTZMailing Address 55 W MONROE
STE 940

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 13 | | 2015 |

Transaction ID : SB30B.10790

Amount of Each Disbursement this Period

| |
|---------|
| 1391.72 |
|---------|

Full Name (Last, First, Middle Initial)

B. JAMES SCHULTZMailing Address 55 W MONROE
STE 940

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 27 | | 2015 |

Transaction ID : SB30B.10817

Amount of Each Disbursement this Period

| |
|---------|
| 1391.72 |
|---------|

Full Name (Last, First, Middle Initial)

C. ANDREW WEISSERTMailing Address 55 W MONROE
STE 940

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 13 | | 2015 |

Transaction ID : SB30B.10784

Amount of Each Disbursement this Period

| |
|---------|
| 2075.42 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 4858.86 |
|---------|

| |
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| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 27

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ANDREW WEISSERTMailing Address 55 W MONROE
STE 940

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 13 | | 2015 |

Transaction ID : SB30B.10786

Amount of Each Disbursement this Period

| |
|---------|
| 2266.21 |
|---------|

Full Name (Last, First, Middle Initial)

B. ANDREW WEISSERTMailing Address 55 W MONROE
STE 940

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 27 | | 2015 |

Transaction ID : SB30B.10813

Amount of Each Disbursement this Period

| |
|---------|
| 2266.21 |
|---------|

Full Name (Last, First, Middle Initial)

C. ANDREW WELHOUSEMailing Address 303 S. HALSTED STREET
APT. 2

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 13 | | 2015 |

Transaction ID : SB30B.10787

Amount of Each Disbursement this Period

| |
|---------|
| 2297.87 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 6830.29 |
|---------|

| |
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| |
|--|

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 27

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ANDREW WELHOUSE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 27 | | 2015 |

Mailing Address 303 S. HALSTED STREET
APT. 2

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB30B.10814**

Amount of Each Disbursement this Period

1292.95

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1292.95

33088.96

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 27

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AIRNET GROUP, INC.

Nature of Debt (Purpose):

VOLUNTEER PHONE MINUTES

Mailing Address 801 BROAD STREET

City State

CHATTANOOGA

Zip Code

TN

37402

Outstanding Balance Beginning This Period

43181.51

Transaction ID : SD10.4202

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43181.51

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS CONNECT, LLC

Nature of Debt (Purpose):

TELEMARKETING

Mailing Address 7300 HUDSON BLVD., N

City State

SAINT PAUL

Zip Code

MN

55128

Outstanding Balance Beginning This Period

43348.00

Transaction ID : SD10.4210

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43348.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

JOHN HANCOCK LIFE INSURANCE COMPANY

Nature of Debt (Purpose):

RENT

Mailing Address REAL ESTATE DIVISION

City

BUFFALO

State

NY

Zip Code

14240

Outstanding Balance Beginning This Period

3140.77

Transaction ID : SD10.11511

Amount Incurred This Period

3140.77

Payment This Period

0.00

Outstanding Balance at Close of This Period

6281.54

1) SUBTOTALS This Period This Page (optional)..... ►

92811.05

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 27

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MAILFINANCE, NEOPOST USA

Nature of Debt (Purpose):
POSTAGE SYSTEM

Mailing Address 1335 VALWOOD PARKWAY, STE. 111

City State

CARROLLTON

Zip Code

TX

75006

Outstanding Balance Beginning This Period

5388.24

Transaction ID : SD10.4223

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5388.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REVOLVIS CONSULTING, INC.

Nature of Debt (Purpose):
DIRECT MAIL: PRINTING AND POSTAGEMailing Address 400 FIRST STREET, SE
SUITE 200

City State

WASHINGTON

Zip Code

DC

20003

Outstanding Balance Beginning This Period

36451.95

Transaction ID : SD10.4213

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

36451.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TARGETED CREATIVE COMMUNICATIONS, INC.

Nature of Debt (Purpose):
DIRECT MAIL: PRINTING AND POSTAGE

Mailing Address 106 S. COLUMBUS ST

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

38000.00

Transaction ID : SD10.4204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

38000.00

1) SUBTOTALS This Period This Page (optional)..... ►

79840.19

2) TOTALS This Period (last page this line number only)..... ►

172651.24

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

172651.24

SCHEDULE H2 (FEC Form 3X)**ALLOCATION RATIOS**

PAGE 17 OF 27

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

| | | |
|--|---------------------------------|------------------------------------|
| ACTIVITY OR EVENT IDENTIFIER 2014 END OF YEAR APPEAL (02/20/2015) ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported Transaction ID : H2.10840 | FEDERAL % <div>99.00</div> % | NONFEDERAL % <div>1.00</div> % |
| ACTIVITY OR EVENT IDENTIFIER 2014 Holiday Party (12/15/2014) ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported Transaction ID : H2.10834 | FEDERAL % <div>81.00</div> % | NONFEDERAL % <div>19.00</div> % |
| ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <div></div> % | NONFEDERAL % <div></div> % |
| ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <div></div> % | NONFEDERAL % <div></div> % |
| ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <div></div> % | NONFEDERAL % <div></div> % |
| ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % <div></div> % | NONFEDERAL % <div></div> % |

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 18 OF 27

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
 ILLINOIS REPUBLICAN PARTY

NAME OF ACCOUNT
 ILLINOIS REPUBLICAN PARTY

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y
 02 / 02 / 2015

TOTAL AMOUNT TRANSFERRED

35910.67

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

35467.67

Transaction ID : H3.10822

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) 2014 Holiday Party (12/15/2014)

443.00

Transaction ID : H3.10822.0

b)

c) Total Amount Transferred For Direct Fundraising

443.00

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred).....

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 19 OF 27

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
 ILLINOIS REPUBLICAN PARTY

NAME OF ACCOUNT
 ILLINOIS REPUBLICAN PARTY

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2015

TOTAL AMOUNT TRANSFERRED

8555.28

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

8555.28

Transaction ID : H3.10823

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

44022.95

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

443.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred).....

44465.95

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 20 OF 27

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

| | | | | | |
|--|-------------|----------------------------------|------------------|---|--------------|
| A. Full Name (Last, First, Middle Initial) AMAZON | | Transaction ID : H4.10774 | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt | |
| Mailing Address 410 TERRY AVE N | | | | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support | |
| City SEATTLE | State WA | Zip Code 98109 | | <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Purpose of Disbursement: OFFICE SUPPLIES | | | | Allocated Activity or Event Year-To-Date 13715.65 | |
| Activity or Event Identifier: Administrative | | Category/ Type | | Date 02 / 03 / 2015 | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 125.30 | | | 222.75 | | 348.05 |

| | | | | | |
|--|-------------|----------------------------------|------------------|---|--------------|
| B. Full Name (Last, First, Middle Initial) CHI TAXI | | Transaction ID : H4.10775 | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt | |
| Mailing Address 856-898 N MICHIGAN AVE | | | | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support | |
| City CHICAGO | State IL | Zip Code 60611 | | <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION | | | | Allocated Activity or Event Year-To-Date 13723.10 | |
| Activity or Event Identifier: Administrative | | Category/ Type | | Date 02 / 10 / 2015 | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2.68 | | | 4.77 | | 7.45 |

| | | | | | |
|---|-------------|----------------------------------|------------------|---|--------------|
| C. Full Name (Last, First, Middle Initial) ILLINOIS STATE BOARD OF ELECTIONS | | Transaction ID : H4.10776 | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt | |
| Mailing Address 2329 S MACARTHUR BLVD | | | | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support | |
| City SPRINGFIELD | State IL | Zip Code 62704 | | <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Purpose of Disbursement: DATA PURCHASE | | | | Allocated Activity or Event Year-To-Date 14223.10 | |
| Activity or Event Identifier: Administrative | | Category/ Type | | Date 02 / 10 / 2015 | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 180.00 | | | 320.00 | | 500.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 307.98 | | 547.52 | | 855.50 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 21 OF 27

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

| | | | | | | | | |
|---|--|-------------|----------------------------------|-------------------|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) VTS | | | Transaction ID : H4.10778 | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 79 W MONROE ST | | | | | | | | |
| City CHICAGO | | State IL | | Zip Code 60603 | | | | |
| Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION | | | | | | Allocated Activity or Event Year-To-Date 14231.75 | | |
| Activity or Event Identifier: Administrative | | | | | | | | |
| FEDERAL SHARE | | | + | | | NONFEDERAL SHARE | | |
| 3.11 | | | | | | 5.54 | | |
| | | | | | | = | | |
| | | | | | | TOTAL AMOUNT | | |
| | | | | | | 8.65 | | |

| | | | | | | | | |
|---|--|-------------|----------------------------------|-------------------|--|--|--|--|
| B. Full Name (Last, First, Middle Initial) THORNTONS | | | Transaction ID : H4.10781 | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 2171 S 8TH ST | | | | | | | | |
| City WEST DUNDEE | | State IL | | Zip Code 60118 | | | | |
| Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION | | | | | | Allocated Activity or Event Year-To-Date 14271.58 | | |
| Activity or Event Identifier: Administrative | | | | | | | | |
| FEDERAL SHARE | | | + | | | NONFEDERAL SHARE | | |
| 14.34 | | | | | | 25.49 | | |
| | | | | | | = | | |
| | | | | | | TOTAL AMOUNT | | |
| | | | | | | 39.83 | | |

| | | | | | | | | |
|--|--|-------------|----------------------------------|-------------------|--|--|--|--|
| C. Full Name (Last, First, Middle Initial) KENNEDY CHIGLO | | | Transaction ID : H4.10791 | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 2211 N BISSELL APT 3 | | | | | | | | |
| City CHICAGO | | State IL | | Zip Code 60614 | | | | |
| Purpose of Disbursement: PAYROLL < 25% FED | | | | | | Allocated Activity or Event Year-To-Date 15041.17 | | |
| Activity or Event Identifier: Administrative | | | | | | | | |
| FEDERAL SHARE | | | + | | | NONFEDERAL SHARE | | |
| 277.05 | | | | | | 492.54 | | |
| | | | | | | = | | |
| | | | | | | TOTAL AMOUNT | | |
| | | | | | | 769.59 | | |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 294.50 | | 523.57 | | 818.07 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 22 OF 27

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

| | | | | | |
|--|-------------|----------------------------------|------------------|---|----------------|
| A. Full Name (Last, First, Middle Initial) CASEYS GENERAL STORE | | Transaction ID : H4.10795 | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 3001 RIDGE AVE | | | | | |
| City SPRINGFIELD | State IL | Zip Code 62702 | | | |
| Purpose of Disbursement: OFFICE SUPPLIES | | | | Allocated Activity or Event Year-To-Date 15074.90 | |
| Activity or Event Identifier: Administrative | | Category/ Type | | Date MM / DD / YYYY 02 / 17 / 2015 | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | | = TOTAL AMOUNT |
| 12.14 | | | 21.59 | | 33.73 |

| | | | | | |
|---|-------------|----------------------------------|------------------|---|----------------|
| B. Full Name (Last, First, Middle Initial) ALPHAGRAPHS | | Transaction ID : H4.10798 | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address 1017 W WASHINGTON BOULEVARD | | | | | |
| City CHICAGO | State IL | Zip Code 60607 | | | |
| Purpose of Disbursement: PRINTING & DESIGN SERVICES: LETTERHEAD | | | | Allocated Activity or Event Year-To-Date 15492.90 | |
| Activity or Event Identifier: Administrative | | Category/ Type | | Date MM / DD / YYYY 02 / 20 / 2015 | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | | = TOTAL AMOUNT |
| 150.48 | | | 267.52 | | 418.00 |

| | | | | | |
|---|-------------|----------------------------------|------------------|---|----------------|
| C. Full Name (Last, First, Middle Initial) JOHN HANCOCK LIFE INSURANCE COMPANY | | Transaction ID : H4.10800 | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Mailing Address REAL ESTATE DIVISION | | | | | |
| City BUFFALO | State NY | Zip Code 14240 | | | |
| Purpose of Disbursement: UTILITIES | | | | Allocated Activity or Event Year-To-Date 16338.90 | |
| Activity or Event Identifier: Administrative | | Category/ Type | | Date MM / DD / YYYY 02 / 20 / 2015 | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | | = TOTAL AMOUNT |
| 304.56 | | | 541.44 | | 846.00 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 467.18 | | 830.55 | | 1297.73 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 23 OF 27

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

| | | | | | | | | |
|---|--|-------------|----------------------------------|-------------------|--|--|--|--------------|
| A. Full Name (Last, First, Middle Initial) LAW OFFICE OF JOHN FOGARTY, JR. | | | Transaction ID : H4.10801 | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 4043 N RAVENSWOOD AVENUE SUITE 225 | | | | | | | | |
| City CHICAGO | | State IL | | Zip Code 60613 | | | | |
| Purpose of Disbursement: LEGAL CONSULTING | | | | Category/ Type | | Allocated Activity or Event Year-To-Date 21646.22 | | |
| Activity or Event Identifier: Administrative | | | | | | Date <input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2015"/> | | |
| FEDERAL SHARE | | + | | NONFEDERAL SHARE | | = | | TOTAL AMOUNT |
| 1910.64 | | | | 3396.68 | | | | 5307.32 |

| | | | | | | | | |
|---|--|-------------|----------------------------------|-------------------|--|--|--|--------------|
| B. Full Name (Last, First, Middle Initial) RED CURVE SOLUTIONS | | | Transaction ID : H4.10804 | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 500 CUMMINGS CENTER SUITE 4400 | | | | | | | | |
| City BEVERLY | | State MA | | Zip Code 01915 | | | | |
| Purpose of Disbursement: COMPLIANCE CONSULTING | | | | Category/ Type | | Allocated Activity or Event Year-To-Date 24155.35 | | |
| Activity or Event Identifier: Administrative | | | | | | Date <input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2015"/> | | |
| FEDERAL SHARE | | + | | NONFEDERAL SHARE | | = | | TOTAL AMOUNT |
| 903.29 | | | | 1605.84 | | | | 2509.13 |

| | | | | | | | | |
|---|--|-------------|----------------------------------|-------------------|--|--|--|--------------|
| C. Full Name (Last, First, Middle Initial) US BANK | | | Transaction ID : H4.10805 | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address P.O. BOX 790448 | | | | | | | | |
| City ST. LOUIS | | State MO | | Zip Code 63179 | | | | |
| Purpose of Disbursement: EQUIPMENT RENTAL | | | | Category/ Type | | Allocated Activity or Event Year-To-Date 24328.93 | | |
| Activity or Event Identifier: Administrative | | | | | | Date <input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2015"/> | | |
| FEDERAL SHARE | | + | | NONFEDERAL SHARE | | = | | TOTAL AMOUNT |
| 62.49 | | | | 111.09 | | | | 173.58 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2876.42 | | 5113.61 | | 7990.03 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 24 OF 27

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

| | | | | | |
|---|-------------|----------------------------------|-------------------|---|--------------|
| A. Full Name (Last, First, Middle Initial) EXXON MOBIL | | Transaction ID : H4.10806 | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt | |
| Mailing Address 752 E 800N RD | | | | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support | |
| City GIBSON CITY | State IL | Zip Code 60936 | | <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION | | | | Allocated Activity or Event Year-To-Date 24355.68 | |
| Activity or Event Identifier: Administrative | | | Category/ Type | Date 02 / 23 / 2015 | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 9.63 | | | 17.12 | | 26.75 |

| | | | | | |
|--|-------------|----------------------------------|-------------------|---|--------------|
| B. Full Name (Last, First, Middle Initial) JACK FLASH | | Transaction ID : H4.10808 | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt | |
| Mailing Address 1200 N KELLER DR | | | | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support | |
| City EFFINGHAM | State IL | Zip Code 62401 | | <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Purpose of Disbursement: MEETING EXPENSE: MEALS | | | | Allocated Activity or Event Year-To-Date 24389.13 | |
| Activity or Event Identifier: Administrative | | | Category/ Type | Date 02 / 23 / 2015 | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 12.04 | | | 21.41 | | 33.45 |

| | | | | | |
|---|-------------|----------------------------------|-------------------|---|--------------|
| C. Full Name (Last, First, Middle Initial) WEST BEND INSURANCE | | Transaction ID : H4.10810 | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt | |
| Mailing Address 1900 S 18TH ST | | | | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support | |
| City WEST BEND | State WI | Zip Code 53095 | | <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Purpose of Disbursement: INSURANCE: GENERAL LIABILITY | | | | Allocated Activity or Event Year-To-Date 24864.22 | |
| Activity or Event Identifier: Administrative | | | Category/ Type | Date 02 / 23 / 2015 | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 171.03 | | | 304.06 | | 475.09 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 192.70 | | 342.59 | | 535.29 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 25 OF 27

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

| | | | | | | | | |
|---|--|-------------|----------------------------------|-------------------|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) ALPHAGRAPHERICS | | | Transaction ID : H4.10812 | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 1017 W WASHINGTON BOULEVARD | | | | | | | | |
| City CHICAGO | | State IL | | Zip Code 60607 | | | | |
| Purpose of Disbursement: PRINTING & DESIGN SERVICES: BUSINESS CARDS | | | | | | Allocated Activity or Event Year-To-Date 25635.22 | | |
| Activity or Event Identifier: Administrative | | | | | | | | |
| Category/Type | | | | | | Date 02 / 27 / 2015 | | |
| FEDERAL SHARE | | | + | | | NONFEDERAL SHARE | | |
| 277.56 | | | | | | = | | |
| | | | 493.44 | | | TOTAL AMOUNT | | |
| | | | | | | 771.00 | | |

| | | | | | | | | |
|---|--|-------------|----------------------------------|-------------------|--|--|--|--|
| B. Full Name (Last, First, Middle Initial) COMED | | | Transaction ID : H4.10815 | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address PO BOX 6111 | | | | | | | | |
| City CAROL STREAM | | State IL | | Zip Code 60197 | | | | |
| Purpose of Disbursement: UTILITIES | | | | | | Allocated Activity or Event Year-To-Date 25882.60 | | |
| Activity or Event Identifier: Administrative | | | | | | | | |
| Category/Type | | | | | | Date 02 / 27 / 2015 | | |
| FEDERAL SHARE | | | + | | | NONFEDERAL SHARE | | |
| 89.06 | | | | | | = | | |
| | | | 158.32 | | | TOTAL AMOUNT | | |
| | | | | | | 247.38 | | |

| | | | | | | | | |
|--|--|-------------|----------------------------------|-------------------|--|--|--|--|
| C. Full Name (Last, First, Middle Initial) KENNEDY CHIGLO | | | Transaction ID : H4.10818 | | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 2211 N BISSELL APT 3 | | | | | | | | |
| City CHICAGO | | State IL | | Zip Code 60614 | | | | |
| Purpose of Disbursement: PAYROLL < 25% FED | | | | | | Allocated Activity or Event Year-To-Date 26468.18 | | |
| Activity or Event Identifier: Administrative | | | | | | | | |
| Category/Type | | | | | | Date 02 / 27 / 2015 | | |
| FEDERAL SHARE | | | + | | | NONFEDERAL SHARE | | |
| 210.81 | | | | | | = | | |
| | | | 374.77 | | | TOTAL AMOUNT | | |
| | | | | | | 585.58 | | |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 577.43 | | 1026.53 | | 1603.96 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 26 OF 27

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

| | | | | | |
|---|-------------|----------------------------------|------------------|---|--------------|
| A. Full Name (Last, First, Middle Initial) LEXIS NEXIS | | Transaction ID : H4.10819 | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt | |
| Mailing Address PO BOX 2314 | | | | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support | |
| City CAROL STREAM | State IL | Zip Code 60132 | | <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Purpose of Disbursement: ONLINE SUBSCRIPTIONS | | | | Allocated Activity or Event Year-To-Date 26738.18 | |
| Activity or Event Identifier: Administrative | | Category/ Type | | Date MM / DD / YYYY 02 / 27 / 2015 | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 97.20 | | | 172.80 | | 270.00 |

| | | | | | |
|---|-------------|----------------------------------|------------------|---|--------------|
| B. Full Name (Last, First, Middle Initial) RED CURVE SOLUTIONS | | Transaction ID : H4.10821 | | Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt | |
| Mailing Address 500 CUMMINGS CENTER SUITE 4400 | | | | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support | |
| City BEVERLY | State MA | Zip Code 01915 | | <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Purpose of Disbursement: COMPLIANCE CONSULTING | | | | Allocated Activity or Event Year-To-Date 26755.70 | |
| Activity or Event Identifier: Administrative | | Category/ Type | | Date MM / DD / YYYY 02 / 27 / 2015 | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 6.31 | | | 11.21 | | 17.52 |

| | | | | | |
|---|-------------|----------------------------------|------------------|---|--------------|
| C. Full Name (Last, First, Middle Initial) DIRECT MAIL SYSTEMS | | Transaction ID : H4.10838 | | Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt | |
| Mailing Address 12450 AUTOMOBILE BLVD. | | | | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support | |
| City CLEARWATER | State FL | Zip Code 33762 | | <input type="checkbox"/> Public Comm (ref to party only) by PAC | |
| Purpose of Disbursement: DIRECT MAIL PRINTING & POSTAGE | | | | Allocated Activity or Event Year-To-Date 1985.90 | |
| Activity or Event Identifier: 2014 END OF YEAR APPEAL(02/20/2015) | | Category/ Type | | Date MM / DD / YYYY 02 / 20 / 2015 | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 1966.04 | | | 19.86 | | 1985.90 |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 2069.55 | | 203.87 | | 2273.42 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| | | | | |

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 27 OF 27

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

| | | | | | | | | |
|--|--|-------------|----------------------------------|-------------------|-------------------|--|--|--|
| A. Full Name (Last, First, Middle Initial) NORTH SHORE PRINTERS | | | Transaction ID : H4.10832 | | | Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address 535 SOUTH SHERIDAN ROAD | | | | | | | | |
| City WAUKEGAN | | State IL | | Zip Code 60085 | | | | |
| Purpose of Disbursement: PRINTING & DESIGN SERVICES: HOLIDAY PARTY INVITES | | | | | Category/ Type | | Allocated Activity or Event Year-To-Date 781.30 | |
| Activity or Event Identifier: 2014 Holiday Party(12/15/2014) | | | | | | | Date MM / DD / YYYY 02 / 20 / 2015 | |
| FEDERAL SHARE | | | + | | | NONFEDERAL SHARE | | |
| 632.85 | | | | | | 148.45 | | |
| | | | = | | | TOTAL AMOUNT | | |
| | | | | | | 781.30 | | |

| | | | | | | | | |
|---|--|-------|---|----------|-------------------|---|--|--|
| B. Full Name (Last, First, Middle Initial) | | | | | | Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address | | | | | | | | |
| City | | State | | Zip Code | | | | |
| Purpose of Disbursement: | | | | | Category/ Type | | Allocated Activity or Event Year-To-Date | |
| Activity or Event Identifier: | | | | | | | Date MM / DD / YYYY | |
| FEDERAL SHARE | | | + | | | NONFEDERAL SHARE | | |
| | | | | | | TOTAL AMOUNT | | |
| | | | | | | | | |

| | | | | | | | | |
|---|--|-------|---|----------|-------------------|---|--|--|
| C. Full Name (Last, First, Middle Initial) | | | | | | Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC | | |
| Mailing Address | | | | | | | | |
| City | | State | | Zip Code | | | | |
| Purpose of Disbursement: | | | | | Category/ Type | | Allocated Activity or Event Year-To-Date | |
| Activity or Event Identifier: | | | | | | | Date MM / DD / YYYY | |
| FEDERAL SHARE | | | + | | | NONFEDERAL SHARE | | |
| | | | | | | TOTAL AMOUNT | | |
| | | | | | | | | |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|---------------|---|------------------|---|--------------|
| 632.85 | | 148.45 | | 781.30 |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
|---------------|------------------|--------------|
| 7418.61 | 8736.69 | 16155.30 |